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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Tapping and Draining the Pleura. By **BERKELEY HILL**, Surgeon to University College Hospital.

GENTLEMEN: This patient, with fistula in the thorax and abscess in the right pectoral muscle, caused by the escape of pus from an empyema, affords me an opportunity of briefly reciting to you the leading points connected with thoracentesis.

The effusion may be merely dropsical fluid from neighbouring organic diseases, inflammatory serous exudation, or pus. To remove these collections thoracentesis may be needed in three groups of cases.

(1) In very copious effusions death is threatened by gradual suffocation, but it more frequently takes place suddenly by syncope—a contingency you should never forget. (2) When the effusion compresses one lung, and seriously impedes the action of the heart. (3) When there is hectic or pus it is necessary to open a free drain from the lower part of the cavity in order to gradually close it.

In chronic pleurisy absorption is very slow. Meanwhile the lung is squeezed against the spine, and in time its tissue becomes so much altered that it cannot expand again, or fibrous adhesions grow strong enough to bind down the lung permanently. Such bands also, though less

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frequently, fasten the pericardium in an unnatural position, by which the action of the heart is hindered. The pleura itself, by long-continued inflammation, becomes very thick. At the post-mortem of the child whose photograph is before you we found the pleura to be one-eighth of an inch thick, making a leathery unyielding cover, fixing the lung to the spine. In this condition, though we had no difficulty in draining the pleura, the lung could not expand to fill up the cavity. In consequence, the skeleton of the child continued to collapse and twist till this extraordinary deformity was produced. Serous effusions after a time are apt to become purulent; in this state they are still less rapidly got rid of than serum. Pus, too, frequently excites hectic or septic fever, and, by ultimately perforating the pleura, may penetrate to a bronchus or to the surface of the chest, and thus form bronchial or thoracic fistulæ. Spontaneous cure by this means is possible, but, through the indirect course of the fistula, it is tedious.

Formerly a long list of objections was put forward against this operation. Most of them are abandoned; but for the rest a few words of notice may be introduced. Let us take, first, the possibility of wrong diagnosis. Doubtless this cannot always be avoided. But in any case a fine canula and exhausting syringe may be plunged into the chest without the slightest apprehension. Dr. Ringer uses the ordinary subcutaneous injection syringe. This may be inserted in several places if the fluid be not hit upon by the first puncture. Such small wounds of a solid tumour or of the lung itself give no trouble. Bowditch¹ says he has never seen harm ensue even when blood has been drawn out through the ordinary canula. The risk of wounding the intercostal vessels is a bugbear only to the theorist; in practice it does not occur. I do not know that a single case has been recorded, nor has Bowditch met with an instance in two hundred and fifty cases. It is alleged that to tap while fever is present increases the inflammation. But not necessarily.

Dr. Ringer's observations¹ show that the temperature in several cases did not rise after tapping, while, when hectic is present, as with our patient of to-day, the temperature rapidly falls after the pus has been withdrawn. Indeed, you may be convinced, that, no matter what other affections coexist, you will not increase, but lessen, the patient's sufferings, and help him to recover by drawing away the fluid that harasses him. Be quite satisfied on this point. That fresh fluid is often effused into the pleura after tapping is no real objection. It can be tapped again as often as it collects in any considerable quantity; nor is the absorption of consecutive effusions impeded by withdrawing the first. Indeed, contrary to what was once alleged, repeated puncture is more likely to prevent the conversion of serum into pus than to hasten it. Meanwhile the lung and heart, being frequently relieved from pressure, are less liable to be permanently fastened down in an unnatural position. The entry of air is an objection which has some weight, though it is greatly overestimated. Air has got into the pleura again and again without any mischievous results; but as it is easy to keep air out, that should be always done when the fluid is serous. Whether there is any advantage in closing the wound after evacuating pus is not yet clear; certainly the remainder or any subsequently secreted pus is rarely absorbed spontaneously when the wound is closed. According to my experience, the cavity shrinks and the lung expands only when constant drainage is maintained; thus time is saved by beginning to drain at once. But I must not omit to state that in some of Dr. Ringer's cases the pus gradually ceases to form after simple repeated aspirations; so that perhaps the following rule is the best to lay down for practice. You may simply tap all effusions the first time unless you have already parietal abscess, hectic, or putrid pus; but on the second tapping, drain the purulent effusions; serous effusions may be simply tapped as often as any considerable bulk of fluid collects.

¹ Thoracentesis. New York, 1870.

¹ Practitioner, Dec. 1874.

The mode of operation depends on the nature of the fluid. If serous—and it is probably so when not accompanied by consolidation of the lung or parietal abscess, nor of long standing—it can be reached most readily at the infra-axillary region, and in the sixth or seventh interspace. As you know, in the infra-axillary region the sixth interspace is on the level of the nipple; hence it is easy to select a convenient position for the trocar. This should be plunged in at once without preliminary incision, for the puncture closes, when the instrument is withdrawn, by the elasticity of the skin; but, to make sure, a bit of lint soaked in collodion may be put over the puncture. The quantity to be removed at one tapping depends greatly upon the effect the evacuation has on the patient. There is no advantage in extracting as much as possible, and great pain and even danger at times ensue from doing so. You need not aspirate at all, in most cases; the pressure within the chest will drive out the fluid fast enough, though the syringe is useful to force back a clot or shred of lymph, if such block the tube. Coxeter has lately improved the aspirator by connecting the evacuating nozzle with a long India-rubber tube, by which the stream can run direct to the pan without entering the barrel of the syringe, and the exhausting or injecting power is reserved to overcome accidental plugging. But in most cases I prefer the well-known Thompson's trocar, in which, as you see, the trocar, as it leaves the canula, enters an air-tight stuffing-box; thus air cannot rush into the pleura if the stream ceases to flow out. Under all circumstances let as much flow as will come readily, and stop it if the patient feels a tearing pain or begins to cough violently and continuously—symptoms which Trousseau tells us are caused by the expanding lung drawing air along its diseased tubes. Should a second tapping be needed, the patient will readily consent when he has once felt the relief it brings.

When intending to drain, an orifice should be made further back and lower down than suffices for simple tapping. The best situation is that defined by Bow-

ditch—one opposite the lower angle of the scapula, and (in an adult) two inches higher up than the lowest point of respiratory murmur on the sound side. He feels with his forefinger for an interspace, which would be the eighth or ninth, and plunges in his trocar quickly and freely, taking care to go deep enough that he may reach the fluid, through thick layers of lymph if they be present. When quite sure beforehand that the fluid is pus, use a canula wide enough to let a drainage-tube pass through it; and when the stream of pus flags introduce five or six inches of India-rubber drainage-tube; tie a piece of silk thread firmly to the outer end, and secure that to the skin by placing over it a good-sized disc of diachylon plaster three or four inches above the wound, to prevent the whole of the tube slipping into the cavity—a mishap that has occurred ere now. Then cover the wound with a broad thick layer of tow or tarred hemp, which can be renewed as often as it is charged with matter. In a day or two the quantity will not exceed a few drachms per diem, and is easily managed. Keep the patient as much as possible on his back and injured side, and protect him well from chills, to which he will be sensitive for a long time, and thereby to fresh pleurisy. If the tube first used, being necessarily a small one, does not drain freely enough, in two or three days the orifice will have widened sufficiently to allow a larger tube to take the place of the first. Again, if while the fluid flows the character of the matter induces you to begin drainage when you had tapped with the intention of closing, you may widen the orifice by incising the skin and muscles parallel to the rib while the fluid is running freely, and pass in the drainage-tube by the side of the canula still *in situ*. If you leave the passing of the tube till the chest has emptied itself, you will have much more difficulty in accomplishing its introduction. When there is already abscess in the front of the chest, you may disregard it, and in most cases it is better to do so, and make your aperture at the back as if it were not present. The matter soon drains again into the chest and disappears. A

patient put by Sir William Jenner under my care last spring had bulging abscess in the infraclavicular region. The skin was red and fluctuation most distinct. Drainage was made in the back. The abscess shrank considerably even while the pus was running through the canula, and in twenty-four hours all signs of it had disappeared.

With regard to using anæsthetics, certain authorities—Dr. Bowditch, for example—are most strongly opposed to their use. Dr. Bowditch has narrated¹ to Dr. Clifford Allbutt of Leeds, that, in five cases where ether was administered, two died shortly after the operation, a third was restored only by most energetic means, including tracheotomy, and the ether was abandoned in the remainder before the operation was complete. With such examples, anæsthetics should not be used for simple tapping. If the patient dread the prick, the skin may be numbed by ether spray. Nevertheless, when an incision has to be made through thick muscles at the back, and the often tedious operation of introducing a drainage-tube to be undergone, the pain is severe, and the shock to the patient in his depressed state proportionately great. In such cases chloroform is given without hesitation in this hospital, and certainly so far without a fatal result. I have notes of seven² cases where I have operated while the patient was under chloroform, large quantities—twenty, thirty, and thirty-seven ounces—of fluid having been withdrawn without any serious difficulty, and in most cases without any unusual symptom whatever. I do not know how often my colleagues have resorted to chloroform, but I am not alone in using it. Dr. Allbutt also remarks that in one of his cases chloroform was employed, and the result was “fairly good.” Hence, though anæsthetics are not to be lightly resorted to, they may be safely employed when really required. It is worth notice also that ether was the source of mischief in the fatal cases, and that chloroform was well borne in our cases.

¹ Medical Times and Gazette, May 16, 1874.

² An eighth case has occurred since these “remarks” were made.

Lastly, a few words about injections. Boinet obtained great results with them. He used to tap the pleura and inject solution of iodine and close the wound at once, getting sometimes rapidly a complete cure. Used thus I have had no success with injections, and very little in any way. When there is stinking pus and septic fever, an effective drain usually quickly clears off the putrid matter, and the septic fever subsides rapidly. In extreme cases you may wash out the cavity with warm water injected through a flexible catheter, but astringent or antiseptic solutions of all kinds are not wanted, and they annoy or hurt the patient.

Sometimes, owing to adhesions or other loss of expansive power in the lung, there remains permanently a small cavity, which, if kept clear by assiduous drainage, interferes little with the patient's health or occupation. An omnibus-driver, who had extensive empyema three years ago, is now regularly at work, and pays us a visit now and then that we may be sure he keeps up proper drainage of a space that refuses to close completely. He, as well as another patient, who has worked on a lighter up and down the Thames for the last nine years, and is at the same work still I believe, wears a silver canula night and day, through which two or three teaspoonfuls of matter ooze daily. They are both much exposed to the weather, yet are strong and hearty.

The tube must be worn as long as any matter is secreted. One of the patients on whom I operated, a girl, wore it from her eighth to her thirteenth year, during which period she had scarlet fever; yet she is now well-grown, straight, and has very little contraction of the side where she so long had empyema. In concluding, let me mention that when there is great distortion and displacement of the viscera, through collapse of the thorax after empyema, sudden death by syncope may happen. The child whose pleura was so much thickened died thus.—*Lancet*, July 17, 1876.

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HOSPITAL NOTES AND GLEANINGS.

Recovery from Double Optic Neuritis; no Amaurosis.—It is well known, or ought to be, that optic neuritis may exist in a patient who can read the smallest type. There are two patients in the London Hospital now who have severe neuritis, great swelling with effusions of blood, whose sight, so far as they know, and so far as reading goes, is quite good. Such cases are very common in physicians' practice, and Dr. Hughlings Jackson never tires of insisting on the great clinical importance of the facts they show. It is not even an exaggeration to say that neuritis is in physicians' practice far commoner with good or only slightly impaired sight than is absolute amaurosis from any cause.

It is to be observed, also, that optic neuritis may pass away leaving sight good. The following is a case of recovery from optic neuritis. It is not a case of recovery from amaurosis, for there was no defect of sight at any time, except, of course, the confusion of vision due to the palsies of the sixth nerve. A man twenty-eight years of age attended as an outpatient December 4, 1871, for complete deafness of the left ear, slight deafness of the right ear, almost complete palsy of the left sixth nerve, paresis of the right sixth, very trifling weakness of the superficial muscles of the left side of the face, and irregularly distributed numbness of both sides of the face. There was no paralysis of the limbs. These symptoms were probably owing to intracranial syphilis; they rapidly passed off under the use of iodide of potassium in large doses. For this reason the case is one of practical interest. Such a medley of symptoms is very significant of intracranial syphilis. But there is one matter of still greater importance. The patient had acute and severe double optic neuritis, and yet had no defect of sight. The neuritis was passing off when the patient ceased to attend, but being written to he presented himself in October, 1872. He was quite well. He could then, as before, read No. 1½ Snellen easily. To indirect examination no abnormality was discoverable in his disks; to direct examination the

changes were trifling, only such as are frequently seen in patients who have no cerebral symptoms.

It may be objected that in this case the neuritis itself was syphilitic; but it differed in no obvious way from neuritis the consequence of glioma. Dr. Hughlings Jackson always gives large doses of iodide of potassium in cases of acute and recent optic neuritis; but for the very reason that he *always* gives this drug he is unable to declare whether the recovery is really due to medicament. His impression is that it is due to the drug, and therefore he does not feel justified in omitting it in any case. He believes there would be less blindness than there is if neuritis were discovered earlier and treated vigorously.—*Lancet*, July 10, 1875.

Migraine, Chorea, and Rheumatism.—Dr. HUGHLINGS JACKSON has been struck by the intimate relation there seems to be between chorea, migraine, and rheumatism—a relation which he believes was pointed out by the late Dr. Anstie. It is seen in several ways. Patients who have chorea are found to be subject to severe paroxysmal headache, not often, however, preceded by ocular spectra. In several recent cases of unusually severe migraine, Dr. Hughlings Jackson has found that the families of the sufferers have been subject to rheumatic fever. In patients recently admitted into the London Hospital for rheumatic fever a fair proportion have been subject to headache, but the facts gathered from the few patients as yet interrogated are vague and inconclusive.

During a period of rather more than a year Mr. G. E. Herman worked with Dr. Hughlings Jackson on the clinical history of chorea. Notes of seventy-six cases were taken. As regards headache, it appears that fifty-three of the patients suffered from paroxysmal headaches. In four information about headache could not be, or was not, obtained. Out of the fifty-three headaches, thirty-one were constantly attended with nausea or vomiting. In fourteen there were ocular phenomena—temporary amblyopia or spectra. In eleven there was giddiness.—*Lancet*, July 10, 1875.

MEDICAL NEWS.

ORIGINAL ARTICLES.

Case of Cholera treated successfully by Chloroform Inhalation. By T. J. TAYLOR, M.D., of Willard, Ky.

In this section of the State there have recently been several cases of Asiatic cholera, one of which it was my fortune to treat, and having treated it, to myself in a novel manner, I take pleasure in reporting it.

Was called to the case about 10 o'clock at night. Found the patient suffering the most indescribable pain, scarcely conscious of anything else. Stage of collapse not fully developed. The premonitory diarrhoea had existed for fourteen hours, the discharges resembling "rice-water," characteristic of the disease in question; pulse very feeble, at wrist 125 beats per minute; skin cool and covered with a viscid perspiration; abdominal muscles and those of the legs cramped. In short I deemed the case one of aggravated cholera, and immediately began administering the most potent antispasmodics and anodynes both by the mouth and topically, frequently repeating the doses and increasing them even further than I felt warranted in doing. Pursuing this course of treatment for two hours without in the least mitigating the sufferings of the patient, on the contrary his symptoms seemed to grow worse, when his excruciating agony induced me to try chloroform inhalation, which I did freely (having used it per orem in the above treatment); keeping up the full anæsthetic effect for half an hour, when on the return of consciousness the patient still complained, but felt greatly better; beginning to grow worse after a few minutes, I repeated the chloroform four or five times, allowing a few minutes intermission. Patient was entirely relieved and fell into a quiet sleep. In the mean time I used strong astringent enemata, which controlled the diarrhoea by noon the next day.

I know that one case is not sufficient to test the efficacy of any mode of treatment, but, taking into consideration the severity of the case, and the quick and

happy effect it exerted, I have cause to believe it worthy of trial. Anyhow, should I encounter an epidemic of cholera, it would be armed with encouragement and confidence that this course of treatment for cholera would be attended with more success than can be ascribed to any other hitherto practised or advocated.

A Case of Uterine Polypus in which Hysterical Convulsions were a Prominent Symptom. By A. E. SPALDING, M.D., Winnebago, Illinois.

Looking over the works of Thomas, Barnes, West, Hewitt, Meigs, and Byford on Gynecology, I find no mention made of hysteria as a symptom in polypus uteri, and therefore deem the following case worthy of note. Mrs. M., æt 45, mother of four children, no abortions, has had convulsions for a period of two years, the "globus hystericus" being marked in every attack which came under my observation. The paroxysms occurred more frequently about the menstrual period, though she was rarely exempt from them a week at a time, and frequently several took place daily. About one year previous to her first convulsion, she noticed a hemorrhage from the uterus which became perpetual, or to use her own language "she was always unwell." During the catamenia she flowed profusely. A vaginal examination revealed a large polypus which was connected to the anterior wall of the uterus and extended to the external os. The os was large, flabby, and considerably ulcerated. Upon April 10th, at 10 o'clock P.M., I applied a wire écraseur and tightened it as much as the patient could bear, and left it. At 3 o'clock P.M., I was called in haste to see the patient, whom I found in a convulsion; morph. sulph. $\frac{1}{4}$ gr. hypodermically soon quieted the patient.

The wire was again tightened on the morning and evening of the 11th. Upon the morning of the 12th the wire was tightened, and a polypus the size of a hen's egg removed. It is now at this writing nearly three months since its removal, and the patient has not had a symptom of hysteria during this time. The os remains ulcerated, but is improving under

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treatment. The hemorrhage also ceased with the removal of the tumour.

WINNEBAGO, ILLINOIS, June 22, 1875.

DOMESTIC INTELLIGENCE.

Application to Burns.—MR. CHARLES RICE states (*Am. Journ. Pharm.*, August, 1875), that, being requested to search for an application which would combine *transparency, cleanliness, body, rapidity of drying, and flexibility*, he has succeeded in making the following combination, which has been used for more than a year in the hospitals of New York: "Take of the best *white glue* (extra) 15 ounces Break it into small pieces, add to it 2 pints of cold water, and allow it to become soft. Then melt it on a water-bath, add to it 2 fluid-ounces of glycerin and 6 drachms of carbolic acid, and continue the heat on the water-bath until a *glossy, tough skin* begins to form over the surface in the intervals of stirring. The mixture may be used at once, after the glue is melted and the glycerin and carbolic acid are added, but when time allows, it is advisable to get rid of a little more of the water, until the proper point is reached. On cooling, this mixture hardens to an elastic mass, covered with a shining parchment-like skin, and may be kept for any time. When using it, it is placed for a few minutes on the water-bath until sufficiently liquid for application (it should be quite fluid). Should it at any time require too high a heat to become fluid, this may be corrected by adding a little water. It is applied by means of a broad brush, and forms in about two minutes a shining, smooth, flexible, and nearly transparent skin. It may be kept for any time, without spoiling, in delf or earthen dishes or pots turned upside down.

Damiana.—This is the name given to a new drug said to be derived from a Mexican plant, the botanical characters of which are not given, and which is claimed to possess extraordinary tonic and aphrodisiac properties. It is to be hoped that efforts will be made to obtain reliable information as to the habitat and distinctive characters of the plant, and further

reliable experiments made with it. Until these are done, it will be premature to decide whether, like *jaborandi*, its claims will be established, or, like the *condurango*, after making the fortune of a few speculators, it will sink into oblivion.

University of Pennsylvania.—This institution has recently received several large additions to its funds:—

The late John H. Towne has bequeathed to the University Hospital \$10,000 and he has left the Trustees a reversionary interest in his estate which may make the bequest ultimately amount to \$1,000,000. This is to be held as an endowment fund, the interest to be appropriated to the salaries of Professors and Teachers in the department of Science.

Mr. J. Gillingham Fell, one of our most liberal fellow-citizens, it is said, has signified his intention to give the University five thousand dollars annually for five years, to be expended in the further improvement of the instruction in the medical department.

Mr. Reese Wall Flower has bequeathed to the University, after paying a few legacies, the residue of his estate, estimated at \$200,000, to erect and maintain an observatory to be under the control of the Trustees of the University. A caveat has, however, been filed by the relatives of the deceased to prevent the will being admitted to probate.

Hospital of the University of Pennsylvania.—This Hospital is in successful operation, and clinical lectures are being regularly delivered by the several clinical professors.

Jefferson Medical College.—The Trustees of this institution have purchased property to the west of their present building, upon which it is intended to erect a hospital for clinical instruction.

Ohio State Medical Society.—At the annual meeting of this Society held at Put-in-Bay in June last, the following officers were elected for the ensuing year. President, Dr. E. Williams, of Cincinnati; Vice-Presidents, Drs. W. S. Scarf, of

Bellefontaine; A. H. Ogard, of Sandusky; S. S. Thorn, of Toledo, and J. L. Beach, of West Jefferson; Treasurer, Dr. S. S. Gray, of Piqua; Secretary, J. W. Hadlock, of Cincinnati.

West Virginia State Medical Society.—The annual meeting of this Society was held at Point Pleasant June 2d. Dr. M. Campbell, President, in the chair. The following officers were elected for the ensuing year. President, A. R. Barbee, M.D., of Point Pleasant; Vice-Presidents, Drs. J. O. Wall, of Huntington; S. G. Shaw, of Point Pleasant; B. F. Hoyt, of Ravenswood; Secretary, Dr. W. M. Dent, of Newburg; Treasurer, Dr. J. C. Hupp, of Wheeling. The next meeting will be held in Wheeling on the first Wednesday in June.

Medical Society of the State of North Carolina.—The Twenty-second annual meeting convened at Wilson, May 18, under the presidency of Dr. J. W. Jones, of Tarboro. The following officers were elected for the ensuing year. President, P. E. Hines, M.D., of Raleigh; Vice-Presidents, Drs. J. H. Baker, of Tarboro; G. G. Smith, of Concord; T. D. Haigh, of Fayetteville; and J. K. Hall, of Greensboro; Secretary, James McKee, of Raleigh; Treasurer, H. T. Bahnsen, of Salem.

Wisconsin State Medical Society.—The Twenty-ninth annual meeting of this Society was held at Madison on June 1, 2, 3. Dr. J. T. Reeve, of Appleton, President, in the chair. The following officers were elected for the ensuing year. President, J. B. Whiting, M.D., of Janesville; Vice-Presidents, Drs. Ira Manly, of Waukesha, and Dr. F. Senn, of Milwaukee; Secretary and Treasurer, Dr. J. T. Reeve, of Appleton. The Society adjourned to meet next year at Milwaukee.

Medical Department of the University of Vermont.—At the annual commencement on June 24th, the degree of M.D. was conferred on thirty candidates.

Medical and Chirurgical Faculty of Maryland.—In our notice of the officers

of this Association in our July No., p. 106, it should have been stated that the President is Prof. John F. Monmonier; Prof. Christopher Johnston is the first Vice-President.

Consolidation of Journals.—The *Chicago Medical Journal* and the *Chicago Medical Examiner*, it is announced, will, after Aug. 1st, be consolidated, and be conducted by "The Chicago Medical Press Association," an incorporated stock company, composed of leading medical men of Chicago. The new journal is to be called *The Chicago Medical Journal and Examiner*, and is to be published monthly. The publishers will be W. B. Keen, Cooke, & Co.

OBITUARY RECORD.—Died, in Lexington, Kentucky, June 24, 1875, GEORGE SYNG BRYANT, superintendent of the Eastern Lunatic Asylum of Kentucky. Dr. B. was a most enlightened and skilful physician, and the author of some instructive papers to the *American Journal of the Medical Sciences*.

FOREIGN INTELLIGENCE.

Deaths from Chloroform.—Two deaths have recently occurred from the administration of chloroform, and, singularly enough, in both cases the patients were about to be operated on for disease of the eye. The first case was that of a seaman aged twenty-seven, at the Ophthalmic Hospital, Gray's-inn-road. Whilst on a voyage to China he had been wrecked, and in saving himself had received an injury to the right eye. Mr. Wilkinson decided to operate, and the man was admitted into the hospital on Thursday, the 15th inst. On the following morning chloroform was administered, but after a lapse of three minutes his face became discoloured. Artificial respiration was at once resorted to, but without avail. The post-mortem examination showed that death resulted from cardiac syncope. The other case took place at Addenbrooke's Hospital, Cambridge. The wife of an innkeeper of Soham was admitted on the 14th inst., suffering acutely from the

effects of an accident to one eye. Learning that nothing but the removal of the eye would afford relief, the patient decided to undergo the operation, provided chloroform was administered to her; this was accordingly given, but with fatal results. Every means was used to restore animation, but the patient never rallied. Prof. Humphrey, who was to have operated, stated at the inquest that the chloroform had been administered by Mr Wherry with great care and caution, and he very rightly took the opportunity of observing that the public should know that the benefits of anæsthesia cannot be had without the attendant risks; and all agencies for producing unconsciousness are attended with some degree of danger. The jury returned a verdict that deceased died while under the influence of chloroform, and that the same was carefully and properly administered.

Mr. George Pollock, of St. George's Hospital, has, through the *Times*, made these two deaths an opportunity for directing public attention to the specially great danger attending the use of chloroform as an anæsthetic as compared with ether. Mr. Pollock acknowledges that the question, whether or not it is right to any longer use chloroform, which is dangerous, rather than ether, which is safe, has been brought forward in the leading medical journals, but he thinks it necessary to rouse the public to take an active interest in the matter. For ourselves we most fully recognize the fact that a very serious risk always attends the full use of chloroform; we never see it given to anæsthesia without anxiety, and we are prepared to maintain that its use in any minor operation is quite unjustifiable; but we are not prepared to say with Mr. Pollock that ether is "absolutely safe," and that the use of it, when pure, has "never been known to destroy life." The question is, however, as Mr. Pollock says, a big one, and one demanding much more notice than we can give it on this occasion.—*Med. Times and Gazette*, July 24, 1875.

The *Lancet* for July 31st refers to the case of a woman, aged twenty-one years, who died at Quarry Bank, on July 7th, while under the influence of chloroform,

administered for the operation of puncturing an abscess in the abdomen. The patient was under the care of Mr. Ker.

Production of Meteorism.—M. LEVEN has reported to the Biological Society of Paris the results of various experiments which he has made on animals respecting the composition, production, and effects of gases in the stomach and small intestines. His conclusions, which are of much interest in elucidating the pathology of dyspepsia, are opposed to some generally entertained opinions. When an animal is opened after death gases are found in the intestines, and physiologists say that these gases proceed from the reaction of the alimentary substances on one another. M. Leven maintains that this explanation is incorrect; that no alimentary substance ferments; and that the term "ferment" applied to pepsine is not exact, as pepsine does not act in the manner of a ferment, but has a fixed action, and modifies the physical state of the alimentary substances so as to render them absorbable. The fluids of the digestive tube preserve, but do not decompose the alimentary substances. M. Leven, in his experiments upon dogs, has never found inflammable gas; the only gases he has found being oxygen, nitrogen, and carbonic acid. He never failed to find nitrogen, but oxygen and carbonic acid have been in some instances entirely absent. The same gases have been found in the stomach and in the small intestines. Applying these results, M. Leven considers that the production of meteorism is not alone due to gas, but to paralytic distension of the muscular fibres of the stomach and intestines, produced by the introduction of hard, ligneous, indigestible matters which irritate the muscular system even before digestion commences. To demonstrate this he introduced air into the digestive organs of a dog; the animal was seized with dyspnoea and muscular trembling, but recovered in half an hour. M. Leven deduces from this fact that alimentary substances do not of themselves change either the nature or quantity of the gases in the stomach or intestines; and that as in flatulent dyspepsia the gases do not

result from alimentary decomposition, the principal cause of the phenomena observed is paralysis of the muscular tunic of the digestive tube.—*Irish Hospital Gazette*, June 15, 1875, from *Gaz. Hebdom.*

Atropia in Opium Poisoning.—In a report of the Chinese Hospital at Shanghai, recently published, we find that the medical officer of the institution, Dr. JOHNSTON, speaks almost rapturously of the value of the subcutaneous injection of atropine in opium-poisoning. During the last ten years upwards of 500 such cases of poisoning (nearly all suicidal) have come under his own observation, 62 having been recorded last year. Many of the most desperate cases rallied and recovered under the treatment advocated. The loss of life annually in China from abuse of the drug must be appalling. Opium-smokers to the number of 360 were treated in the hospital in 1874, but the experience and results obtained were not encouraging, and Dr. Johnston expresses his opinion that it is a hopeless task to reclaim the confirmed opium-smoker.—*Lancet*, July 24, 1875.

Valerianate of Quinia in Nervous Vomiting.—Prof. GUBLER has found this substance of great value in the uncontrollable vomiting of hysteria, which has resisted all other means. He gives from four to eight lozenges (each containing one grain and a half) per diem. In the vomiting of phthisis he has found it of no use whatever, and recommends its employment only in cases of nervous vomiting.—*Med. Times and Gazette*, August 7; from *L'Union Med.*, July 27, 1875.

Alcoholic Phthisis.—In his Cantor Lectures on alcohol Dr. BENJ. RICHARDSON laid considerable stress on the occurrence of a form of consumption due to the abuse of alcohol, and summarized the characters of the disease as follows: Those who suffer from it are not young. They are usually over twenty-eight, and under fifty-five; the average age may be taken as forty-eight. They are generally males of robust build and naturally healthy constitution—the last persons likely, at

first sight, to die of phthisis. They sleep well, eat pretty well, and drink very well; and they enjoy life and are often active in body and mind. Their failing is, that they partake freely of any alcoholic drink which comes in their way, and they bear alcohol with a tolerance that is remarkable to observers. As a rule, they cannot live in what they consider comfort without a daily excess of alcohol, which excess must be renewed on emergencies if there be a greater amount of work to be done, less sleep to be secured, or more life to be lived. Such men seldom have any serious illness, but some of those examined by Dr. Richardson had suffered from gout, others from rheumatism or neuralgia, and were easily depressed by slight causes—*e. g.*, a cold. The alcoholic consumptive has none of the usual facial characteristics either of ordinary phthisis or of habitual drunkenness, so that his friends are apt to be deceived and to believe that there must be hope for his recovery even when he is beyond hope. The symptoms of phthisis do not always begin when the patient is indulging most freely in alcohol; he may have for some time become abstemious. The first indication of disease is usually an attack of pain in the side, like that of acute pleurisy, which is sharp stabbing at the onset, but later on continuous; and when it subsides, suppressed breathing or difficult inspiration, owing to adherent pleura, is left behind. Then follows, in two-thirds of the cases, hæmoptysis, and examination of the chest reveals extensive and irreparable mischief, and the fatal end is not far off. "There is no form of consumption," says Dr. Richardson, "so fatal as that from alcohol. Medicines affect the disease very little, the most judicious diet fails, and change of air accomplishes but slight real good. In plain terms, there is no remedy whatever for alcoholic phthisis; it may be delayed in its course, but it is never cured."—*Med. Times and Gazette*, August 7, 1875.

Sudden Death after Paracentesis Thoracis.—Dr. BESNIER, under the impression that it is a strict duty to make known any unfortunate occurrences that may convey useful information, related to the Hospital

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Medical Society the case of a lady, forty-three years of age, who died suddenly after the performance of thoracentesis. She was seized early in June with intense pain at the base of the right side of the thorax. There was fever, and her physiognomy and general condition at once excited alarm. When Dr. Besnier was called in on the 19th there were all the signs of an acute and abundant pleuritic effusion (unaccompanied by cardiac lesion), which had commenced forming sixteen or seventeen days before. There was no cardiac lesion, and the dyspnoea was not excessive. The pulse was 100 and feeble, and although her general appearance was bad, yet there was nothing about her to lead to a doubt that she would experience any relief usually attendant upon operation for very abundant effusion. Still the violent pain at the commencement, and the rapid exhaustion of strength which soon ensued, indicated that this was no case of ordinary pleurisy, and the patient was watched a while longer. On the 21st, however, no amendment having taken place, and the dyspnoea being on the increase, paracentesis was resorted to. It was performed with a very small trocar, the patient being propped up almost in a sitting posture. Although acutely sensible to the pressure of the finger in search of the intercostal space, she did not complain at the time of penetration. About 300 or 400 grammes of horribly fetid pus had been discharged in the course of a few minutes, when the quiet and immovable state of the patient attracted attention; and although her eyes were open, her face was of a ghastly pallor, and her respiration and pulse had ceased. Notwithstanding all efforts at revival, to the consternation of all concerned, she was dead.

M. Besnier does not regard this truly sudden death as a mere coincidence of the puncture and syncope, as there are facts, derived from experimental physiology, which show that the pain excited by the puncture may produce an arrest of the heart's action, which, under circumstances of extreme debility, may prove definitive. So, also, all practitioners are aware that in some affections attended with great

debility or serious depression of the nervous system, a very slight cause, physical or moral, may give rise to sudden death, which, as regards the stage of the affection, is quite premature. The practical conclusion to be drawn from this unfortunate case is, that, while performing even the slightest operation upon subjects whose powers are notably depressed, the occurrence of syncope must be as carefully guarded against and watched for as if such persons had been submitted to the action of chloroform. And although the operation in this case was not delayed longer than is customary, it is to be believed that in persons in whom the strength has been so markedly and so rapidly reduced, it would have a much better probability of success if performed as soon as the physical signs rendered the presence of the liquid certain.

Although no autopsy was permitted in this case, Dr. Besnier feels certain, from the gangrenous fetidity of the fluid discharged, the early change in the general condition of the patient, and the destruction of all nervous vitality, that this was an example of primary gangrenous pleurisy, *i. e.*, not gangrenous pleurisy consecutive to a pulmonary lesion. He makes some interesting practical and bibliographical comments on the affection, for which we have not space.—*Med. Times and Gazette*, Aug. 7, 1876; from *L'Union Medicale*, June 29 and July 3.

Change of Type of Disease.—The President of the British Medical Association, the eminent Professor, Sir ROBERT CHRISTISON, in his address at the recent meeting observed: "I regard cold as a powerful antiphlogistic, and its external application, already briefly referred to, as a remedy of unquestionable value in the treatment of hyperpyrexia; but my own observation, and the fullest attention I have been able to give to the recorded observations of others, have convinced me that the real reason for the present abandonment of a remedy of superior power, to wit, bloodletting, does not lie alone in the advance of scientific pathology. 'The thinking man,' writes one of the most philosophical of living physicians,

Dr. Stokes, 'finds it hard to believe that the fathers of British Medicine were always in error, or that they were bad observers and mistaken practitioners. They, indeed, have rested from their labours, but their works remain; and he who reads the writings of Sydenham, of Haygarth, and of Fothergill; of Heberden and Fordyce; of Gregory, Cullen, Alison, Cheyene, or Graves; must have a very inapprehensive mind if he fail to discover that there were giants in those days; and that the advocacy of such ideas only indicates a state of mind not consonant with the modesty of science.'—*British Med. Journal*, August 7, 1875.

Poisoned by a Hat.—A peculiar case of poisoning occurred lately at Stettin. On the day before Whit Sunday a shoemaker bought a felt hat. After wearing it, although it did not press on his head, he had severe headache; and an eruption appeared attended with swelling on his forehead, proceeding to suppuration at some parts. The eyes also became inflamed and almost closed; and the swelling extended more or less over the whole face. The hat was placed in the hands of an official analyst, who found that the brown-leather lining was coloured with an aniline dye containing poison.—*British Med. Journ.*, June 19, 1875.

The Influence of Arctic Cold on Man.—Lieut PAYER, the Australian explorer, has been laying some of the results of his explorations before the Geographical Society of Vienna. Referring to the influence of extreme cold on the human organism, he related that on March 14, 1874, he and his companions made a sledge journey over the Samiklar glacier, in order to make observations of Francis-Joseph Land. On that day the cold marked forty degrees (Reaumur) below zero. Notwithstanding this intense cold, M. Payer and a Tyrolese went out before sunrise to make observations and sketch. The sunrise was magnificent; the sun seemed surrounded, as it does at a high degree of cold, by small suns, and its light appeared more dazzling from the contrast with the extreme cold.

The travellers were obliged to pour rum down their throats so as not to touch the edge of the metal cups, which would have been as dangerous as if they had been red-hot; but the rum had lost all its strength and its liquidity, and was as flat and thick as oil. It was impossible to smoke either cigars, or tobacco in short pipes, for very soon nothing but a piece of ice remained in the mouth. The metal of the instrument was just like red-hot iron to the touch, as were some lockets, which some of the travellers romantically, but imprudently, continued to wear next the skin. M. Payer says that so great an amount of cold paralyzes the will, and that, under its influence, men, from the unsteadiness of their gait, their stammering talk, and the slowness of their mental operations, seem as if they were intoxicated. Another effect of cold is a tormenting thirst, which is due to the evaporation of the moisture of the body. It is unwholesome to use snow to quench the thirst, as it brings on inflammations of the throat, palate, and tongue. Besides, enough can never be taken to quench the thirst; as a temperature of 30° to 40° below zero makes it taste like molten metal. Snow-eaters in the North are considered as feeble and effeminate, in the same way as an opium-eater in the East. The groups of travellers who traversed the snow-fields were surrounded by thick vapours formed by the emanations from their bodies, which became condensed notwithstanding the furs in which the travellers were enveloped. These vapours fell to the ground with a slight noise, frozen into the form of small crystals, and rendered the atmosphere thick, impenetrable, and dark. Notwithstanding the humidity of the air, a disagreeable sensation of dryness was felt. Every sound diffused itself to a very long distance; an ordinary conversation could be heard at a hundred paces off, whilst the report of guns from the top of high mountains could scarcely be heard. M. Payer explains this phenomenon by the large quantity of moisture in the Arctic atmosphere. Meat could be chopped and mercury used in the shape of balls. Both smell and taste become

greatly enfeebled in these latitudes, strength gives way under the paralyzing influence of the cold, the eyes involuntarily close and become frozen. When locomotion stops, the sole of the foot becomes insensible. It is somewhat curious that the beard does not freeze, but this is explained from the air expired falling immediately into snow. The cold causes dark beards to become lighter; the secretion of the eyes and nose always increases, whilst the formation of perspiration altogether ceases. The only possible protection against the cold is to be very warmly clothed, and to endeavour as much as possible to prevent the condensation of the atmosphere, whilst the much vaunted plans of anointing and blackening the body are pronounced to have no real value. — *London Med. Record*, July 15, 1875.

Influence of Chloroform on Ferments.—Some important observations have recently been made by M. MUNTZ on the effect on various ferments of the addition to them of chloroform. He finds that its effect is very different on the two classes of ferments which have been distinguished by Dumas as chemical and physiological ferments. On the former, which consists of a nitrogenized but unorganized material, it has no effect; on the latter, those in which the fermentation is the concomitant, if not the result, of a process of growth in vital organisms, chloroform has the effect of arresting the fermentation at once. Milk, to which a small quantity of chloroform had been added, remained for four months without becoming curdled, and no organism appeared in it; fresh urine, under the same conditions, remained for two months at a temperature of 25° to 30° C. without undergoing ammoniacal fermentation or yielding organisms; the result was the same with flesh, gelatine, and starch. The alcoholic fermentation of sugar in contact with yeast was completely arrested by the presence of chloroform. On the other hand, chloroform had no appreciable effect on the quantity of glucose developed in malt in a given space of time and at a certain temperature. Exactly the same quantity

of hydrocyanic acid was formed in bitter almonds and without the addition of chloroform. Saliva changed sugar into starch at the same rate. Thus this agent offers a means of distinguishing accurately between ferments of the chemical and of the physiological class; and M. Muntz hopes to be able, by its help, to study from a new point of view the nature of the various morbid animal matters which have so disastrous an influence on the economy. At any rate, the effect of chloroform will enable a distinction to be drawn between the forms of animal poison which act in a manner similar to diastase and its analogues, and the altered liquids which are supposed to owe their virulence to the presence of bacteria and vibriones. The influence of chloroform on the organic bodies in arresting all action seems to be transient, but the ferment is afterwards incapable of acting with the same intensity. The lactic acid ferment has a greater power after its recovery from the influence of chloroform than yeast possesses, but prolonged contact with chloroform in each case produces the death of the organisms, and incapacity for further action. — *Lancet*, July 10, 1875.

Alleged Degeneration of the Factory Population.—In his evidence before the Royal Commission on the working of the Factory and Workshops Acts, Dr. FRAXGUSSE, who has held office as certifying surgeon under the Factory Acts at Bolton for fourteen years, stated as the result of his observations that there is a steady degeneration going on among the factory population. He did not believe that it was so much the factory labour that operated prejudicially—the mills being more healthy to work in now than they were in years gone by—as the habits and mode of life of the factory workers. By free indulgence in stimulants, and in many cases excess in smoking, parents debilitated their own constitutions and transmitted feeble constitutions to their children. Again, children were often fed on tea and coffee after they were weaned, instead of getting good milk. Another cause of degeneration among boys was that at least one-half of those over twelve

years of age either smoked or chewed tobacco, or perhaps indulged in both vices. There is no doubt that the excessive use of stimulants and tobacco is very general in factory districts, and is to some extent the cause of degeneration of the population; but, as the chairman of the Commission observed, the remedy for this unfortunate state of things is scarcely within the reach of Parliament. We hope to return to the subject after the Factory Commissioners have concluded their labours.—*Med. Times and Gaz.*, July 17, 1875.

Preservation of Food by Compressed Air.

—Prof. PAUL BERT communicated to the Académie des Sciences some of the results of the experiments which he has long been engaged in conducting with compressed air. Specimens of meat submitted to a compression of forty-four atmospheres were found at the end of three weeks to be in a state of perfect preservation. Cutlets were declared to be in as good a condition as when quite recent, a little more tasteless perhaps. Eggs which have been beaten up and exposed to the compression on May 28th were found to be on June 28th as fresh as at first, while others beaten up at the same time and left in open vessels were frightfully stinking. Oxygen, then, at this strong tension either kills vibriones or at least prevents their development in organic matters. Fruits, as strawberries, cherries, etc., comport themselves in like manner, as also does moistened bread. The coagulation of milk is not prevented by compression, being only retarded. It thus seems that in oxygen of high tension we possess an agent for the preservation of animal and vegetable substances, which may prove of utility in scientific investigation, and perhaps even in commercial pursuits.—*Med. Times and Gaz.*, July 17, 1875, from *L'Institut*, June 30.

Reappearance of a Flower at the end of Twenty Centuries.—The effect of light, as regards the revival of life in the vegetable world, has just been illustrated by the observations near Athens of Prof. HENDRICH, under very curious circumstances.

The mines at Laurium, concerning which of late years there have been such active diplomatic procedures, consist for the most part of the scorise produced by the workings of the ancient Greeks. These still contain a great deal of silver, which can be extracted by the superior appliances of modern times. Beneath these scorise have lain in a dormant state for at least 1500 years the seeds of a papaveraceous plant, of the genus *Glaucium*. But since the scorise have been removed to the furnaces, this plant has sprung up with its pretty yellow petals over the whole space which they covered. Unknown in modern times, it was described by Pliny and Dioscorides, and had disappeared from the face of the globe for fifteen or twenty centuries.—*Med. Times and Gaz.*, July 17, 1875, from *L'Union Méd.*, July 6.

A Dwarfish Race.—The general report of the operations of the Great Trigonometrical Survey of India during 1873-74 contains an account of an interview which Mr. BOND, one of the staff, had with a couple of the wild folks who live in the hill jungles of the western Ghâts, to the south-west of the Palanei hills. A strange dwarfish people had often been heard of as frequenting the jungles near the station of Pémalei, in the north-west corner of the Tinnevely district, but until Mr. Bond caught these two specimens no trace of them had been seen by the members of the Survey. These two people, a man and a woman, believed themselves to be a hundred years old, but Mr. Bond supposes the man to be about twenty-five, and the woman eighteen years of age. "The man," Mr. Bond states, "is four feet six and a half inches in height, twenty-six and a quarter inches round the chest, and eighteen and a half inches horizontally round the head over the eyebrows. He has a round head, coarse, black, woolly hair, and a dark brown skin. The forehead is low and slightly retreating, the lower part of the face projects like the muzzle of a monkey, and the mouth, which is small and oval, with thick lips, protrudes about an inch beyond his nose; he has short bandy legs, a comparatively

long body, and arms that extend almost to his knees; the back just above the buttock is concave, making the stern appear to be much protruded. The hands and fingers are dumpy and always contracted, so that they cannot be made to stretch out quite straight and flat; the palms and fingers are covered with thick skin (more particularly so the tips of the fingers), and the nails are small and imperfect; the feet are broad and thick skinned all over; the hairs of his moustache are of a grayish white, scanty and coarse like bristles, and he has no beard. The woman is four feet six and a half inches in height, twenty-seven inches round the chest (above the breasts), and nineteen and a half inches horizontally round the head above the brows; the colour of the skin is sallow, or of a nearly yellow tint; the hair is black, long, and straight, and the features well formed. There is no difference between her appearance and that of the common women of that part of the country. She is pleasant to look at, well developed, and modest. Their only dress is a loose cloth, and they eat flesh, but feed chiefly on roots and honey. They have no fixed dwelling places, but sleep on any convenient spot, generally between two rocks or in caves near which they happen to be benighted. They make a fire and cook what they have collected during the day, and keep the fire burning all night for warmth and to keep away wild animals. They worship certain local divinities of the forest—*Rákas* or *Rákári*, and *Pé* (after whom the hill is named, *Pémalei*). The woman cooks for and waits on the man, eating only after he is satisfied.—*London Med. Record*, July 15, 1875.

Dr. Fleetwood Churchill of Dublin.—We learn, from the *Medical Times and Gazette* (July 3, 1875), that this eminent physician has retired from the active practice of his profession to which he has been so long an ornament. He seeks for the repose which many years of unceasing toil have earned, in a country home far from "the busy haunts of men"—Ardrea

Rectory, Stewardstown, Co. Tyrone. Dr. Churchill's retirement was graced by a generous gift to the King and Queen's College of Physicians, on his own part, and on that of his son, Dr. Fleetwood Churchill, Jun., of the valuable obstetrical library he had collected during his lifetime. The President and Fellows, recognizing the value of the gift and the generosity of the donors, have resolved to place a portrait of their ex-President and Fellow in the College Hall.

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OBITUARY RECORD.—Died, in England, July 23, aged 76, Sir CHARLES LOCOCK, Bart., M.D., D.C.L., F.R.S. Dr. Locock was physician-accoucheur to the Queen and attended her at the birth of her nine successive children. He filled the first place in his branch of the profession, and was justly held in the highest esteem. He retired from practice nearly twenty years ago.

— at Torquay, July 20, 1875, Dr. PETER MERE LATHAM, M.D., aged 86, Physician Extraordinary to the Queen, and formerly one of the physicians to St. Bartholomew's Hospital. He had long since retired from practice.

— at Tunbridge Wells, August 3, aged 74, JOHN CHURCHILL, the eminent medical publisher of London. To the profession on this side of the Atlantic, Mr. Churchill was well and favourably known by the numerous valuable medical works which bear his imprint, and to his discernment and enterprise it is indebted for the writing of some of our most highly esteemed text-books. In the fifty-four years of his entire business life Mr. Churchill found numerous warm friendships in the profession, and for many years his store was the daily social rendezvous of medical men. His interest in the profession is shown by his liberal bequest of twenty-five hundred dollars to the Royal Medical Benevolent College, Epsom, and a like sum to the Medical Benevolent Fund.

Mr. Churchill left three sons. The two eldest succeeded him in business at the close of 1870, and his youngest is a practising physician in London.

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Dr. Chambers is one of our most charming medical writers, as every reader of his other works will readily testify; but in this work, intended more for the general reader, he has surpassed himself. He has shown us in these pages that he is not only a clever and learned physician, but a man of the broadest literary culture and refinement. Such books by such men will do incalculable good, both in the profession and out of it.—*St. Louis Clinical Record*, July, 1875.

This book, on one of the most important subjects that can claim our attention, like all the works of this distinguished author, is replete with interesting matter, gotten up in pleasant and familiar style. After discussing the theory of dietetics, he takes up

the choice of food. He discusses that subject admirably and sagaciously. Then comes a most excellent chapter on the preparation of food. This is an important chapter. How much distress and suffering might be avoided by attention to hints here given! and how much pleasure and comfort might be gained! The chapter on Digestion is judicious. In the chapter on Regimen of Infancy and Motherhood is contained many important suggestions. But to the physician the latter part of the book is the most interesting, because it treats of dietetics in sickness. In this part of the work our author is very full and explicit. A perusal of this part of the work alone will amply repay the practical physician for his outlay of money and time. We advise our readers, if they wish to be instructed and edified, to procure this "Manual of Diet" at their earliest convenience.—*Nashville Med. and Surgical Journal*, August, 1875.

This book, like all those written by this well-known author, is distinguished by a vivacious and more familiar style than the ordinary text-books. It is also characterized by an originality and keenness of observation for which Dr. Chambers is so justly celebrated.—*Boston Med. and Surg. Journal*, July 1, 1875.

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